

Important Information

Please Read Before Completing Enclosed Form

This document will be scanned. Please help us to process your form quickly by following the direction below.

- ☐ Use only black ink.
- ☐ Write only within the green boxes and ovals.
- ☐ Write numbers clearly in block form. Do not insert commas between numerals.
- ☐ Fill in ovals completely. Do not use ✓ or X.
- ☐ Return only the original, no photocopies, Fax's, or duplicates of any kind.
- ☐ Do not mail attachments or cover sheets. You will be contacted if additional information is required.
- ☐ Comments are not necessary. You will be contacted if additional information is required.
- ☐ Avoid making stray marks such as check marks.
- ☐ Do not use staples on the form.
- ☐ Do not use time/date stamps or rubber stamps
- ☐ If wages are required in Section 5, be certain to provide wage data.

Register now on www.mass.gov/dua to complete and submit future forms on the web

- ☐ Under OnLine Services click UI OnLine For Business

For additional information, visit www.mass.gov/dua. Click on Business Services, then Employer Forms.

Information to help you complete the new DUA Unemployment Insurance Request for Information

There are six sections where you need to confirm or complete information.

- 1. Your DUA account number.** Please verify that it is correct. If needed, a corrected number can be entered in the boxes on the right side of this section.
- 2. Information on the person who filed the claim.** Check the pre-printed information on the claimant and complete the dates requested.
- 3. The claimant's employment status.** You need to fill in one reason. There is limited space for comments, with additional space on the reverse side of the form, if needed.
- 4. Payments other than wages.** There are four choices. Indicate any/all that apply to the claimant.
- 5. Wage information.** There are spaces for up to eight weeks of earnings. For unemployment insurance reporting, a week of employment starts on Sunday and ends on Saturday. In the spaces provided, please enter the eight calendar weeks for which the claimant had the highest earnings since the data pre-printed in this section.
- 6. Contact information.** Complete this section by providing information on the person who should be contacted for information on the claimant's separation from work. There is also a certification statement and a place for the name and signature of the person who completes the form.

IP 5 12345678 DOE 031603 033103 002 0303201247260001 11111111 1074 X

Workforce Development
P.O. BOX 9694
Boston, MA 02114

This form was mailed on March 19, 2003

Due Date: March 31, 2003

Unemployment Insurance Request for Information

ABC COMPUTER SYSTEMS INC
280 WORCESTER RD
FRAMINGHAM, MA 01702

ONLY use Black or Blue Ink! You can change your address online at: <http://www.dema.org/online/default.htm>
For assistance, call (617) 626-5040.

Important!
To protect your rights to dispute this claim and any charges to your account that may result, and to receive a copy of the eligibility determination, this request must be completed in full and postmarked or faxed by the due date indicated above.

Contact us at: (617) 626-5639
for more information on completing this form.

1. Verify your DUA Account number. **12-345678** Make any corrections here:

2. This individual has reopened a claim for Unemployment Insurance benefits, naming you as a former employer.
Name: Jane Doe Claim File Date: 03/18/03 Provide the start date and last physical day at work
SSN: 111-11-1111 Claim Effective Date: 03/16/03

3. Read all of the statements carefully then fill in the one reason that best reflects the status of this claimant.

| | |
|--|---|
| <input type="radio"/> -- Laid Off or Hours Reduced by Employer Indicate recall date, if any: <input type="text"/> | <input type="radio"/> -- Released due to inability to meet performance standards, misconduct or violation of company rules or policy. |
| <input type="radio"/> -- Quit | <input type="radio"/> -- On strike or locked out. |
| <input type="radio"/> -- Discharged for deliberate misconduct or violation of company rules or policy, including absenteeism or tardiness. | <input type="radio"/> -- On a leave of absence (Explain reason in comments) |
| <input type="radio"/> -- Suspended for violation of company rules or policy. | <input type="radio"/> -- Reasonable assurance of reemployment (educational institution only) |
| <input type="radio"/> -- Discharged or quit due to a conviction of a felony or misdemeanor. | <input type="radio"/> -- Still employed or on call |

Comments (Optional):

4. At separation, did this individual receive or apply for any of these types of payments? (Fill in all that apply.)
☐ Vacation Pay? ☐ Retirement Benefits? ☐ Severance Pay? ☐ Employee signed a release of claims required to receive all severance pay

5. Using Saturday week ending dates, specify 8 calendar weeks of claimant's highest earnings since 12/16/2001

| | |
|--|--|
| 1. Week ending on Saturday (date): <input type="text"/> and gross wages earned: <input type="text"/> | 5. Week ending on Saturday (date): <input type="text"/> and gross wages earned: <input type="text"/> |
| 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 6. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 8. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

6. Contact Name for Separation Information:
Telephone: () - Ext: Fax: () -
Employer Certification: These statements are true to the best of my knowledge and belief.
Form Completed by: Signature: